

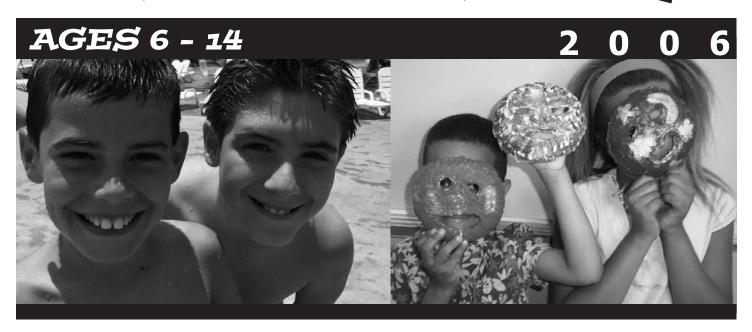
## RECREATION DEPARTMENT

The Heart of the Neighborhood



840 Duncan Ranch Road • (619) 691-5269

## FALL CAMPS



Build-a-Mania-Legoland

September 18-229 am - 4 pm#9200.450\$130Morning extended7 - 9 am#9201.450\$10Evening extended4 - 6 pm#9201.451\$10

Adventure Trails-Santee Lakes & UCSD Rock Climbing

 September 25-29
 9 am - 4 pm
 #9200.451
 \$130

 Morning extended
 7 - 9 am
 #9201.452
 \$10

 Evening extended
 4 - 6 pm
 #9201.453
 \$10

Team Fun-Bruinswick Bowling & UCSD Rock Climbing

October 2-6 9 am - 4 pm #9200.452 \$130 Morning extended 7 - 9 am #9201.454 \$10 Evening extended 4 - 6 pm #9201.455 \$10

Field trips, staff directed indoor and outdoor games, arts and craft projects and movies will be offered to all participates in camp. Please bring sun block, a snack, plenty of water and a brown bag lunch daily as we blast into summer camp. Camp T-shirts are included with weekly fee and will be distributed prior to field trip day.

Children ages 12 - 14 will be considered Junior Camp Counselors. Call either center for more information.

## REGISTRATION **FORM**



Space is limited, sign up now! Registration begins August 28 or online at www.chulavistaca.gov/rec.

(Circle camps you wish to enroll in, along with extended hours if desireable)

Montevalle September 18 - 22 Extended AM / PM

Montevalle September 25 - 29 Extended AM / PM

Montevalle October 2 - 6 Extended AM / PM

| Participant:  | Age:   | Birth Date:  |   |  |
|---|--|--|---|--|
| Parent/Guardian:  |  | Phone: ( )   |   |  |
| Work Phone ( )  | Cell / Pager (   | )  |   |  |
| Address:  | City:  | Zip  | ):  |  |
| Person authorized for pickup:                                     |  |  |   |  |
| Emergency Contact:  |  | Day Phone:   |   |  |
| School Child Attends:   |  |  |   |  |
| I   | prim will be used by The City of Chula Vistor IT's actions and responsibilities at said act of myself, my executors, administrators, his Chula Vista and its directors, officers, end REGISTRANT or actions of any kind who DEMNIFY AND HOLD HARMLESS the abovatities as a result of any of REGISTRANT's of The City of Chula Vista or its agents. I he event of injury, accident and/or illness duphed. I agree to allow REGISTRANT's phused broadly to provide a release and wait ocument and understand its content. If ach of the above-named individuals and  | , and has not been act and the activity organization, and the activity organization, successors and comployees, volunteers, nich may accrue to me-mentioned entities actions during this act ereby consent to the couring this activity. I undertook, video or film liker wer to the maximum experted that I are activity that I are | anizers, in which of REGISTRANT ssigns, I hereby representatives e as a result of or persons from ivity except for administering of erstand that at ness to be used tent permissible in the parent or |  |
| REGISTRANT's Parent or Guardian's Signature:                      | المراج المراج والمراجع والمراع | Date:  |   |  |
| *If the participant is under 18 years of age or legally incapacit | area, me parem or guardian must also si  | ign.   |   |  |
| WE ENRICH ONE COMMINITY THRONG                                    | CH RECREDIION DI OPPORTIN  | ITIES DND SERVIC   | EC  |  |

Persons with special needs or accommodations are encouraged to participate in all programs. For assistance, please contact Carmel Wilson at (619) 409-5800 two weeks in advance of the program.

The Chula Vista Elementary School District neither sponsors nor endorses this information, activity, or organization. Distribution of this material is provided by the District as a community service. Any questions or comments should be directed to the sponsoring agency.

| OFFICE USE ONLY:    |          |         |            |
|---------------------|----------|---------|------------|
| Amount enclosed: \$ | Check #: | Bank #: | Receipt #: |